

UNITED STATES VIRGIN ISLANDS ELIGIBLE PROVIDER CERTIFICATION SYSTEM

Summer Youth Workshop Guidelines

Summer Program Name: LIFE SKILLS AND CAREER EXPLORATION

Description:

This training program should consist of a combination of life skills development and career exploration activities. Life skills include: the importance of punctuality and attendance; communication skills such as listening and interpretation, telephone etiquette and answering live inquiries; interpersonal skills; teamwork; integrity; professionalism; problem solving and decision making. Career Exploration activities include: exposure to multiple career fields through computerized career searches; job shadowing in different occupational areas and site visits to different work locations. Both segments may be conducted as a classroom type activity but field involvement is encouraged.

Target Age: The target age for this activity is 14-15 year olds.

Program Duration: This program should be designed for 4 hours a day, 4 days a week for three (3) to four (4) weeks. This is a **Summer Program Only**.

Program Goals: At the completion of the four (4) weeks students should have gained:

- Knowledge of and practice with workplace skills;
- Demonstrable knowledge of one or more occupational areas;
- Developed a Career Interest Portfolio

Service Provider Requirements: Providers should offer a well rounded work preparatory program for young adults. Within a “classroom” setting, students should have time to learn about the world of work as well as explore different occupations through discussion. Students should also participate in field experiences that directly correlate to what is learned in the classroom: Specifically, service providers should:

- Provide Life Skills training to students to prepare them for the world of work;
- Provide access to one or more occupational areas so students can job shadow or have limited “hands on” exposure to specific job functions;
- Guide and facilitate student's development of their Career Interest Portfolio.

FUNDING: Service Providers and employers may apply for a one-time \$4,800 grant to conduct this program during the summer. Stipends are paid to participants by the Department of Labor.

Contact Information: Contact Shenika Sebastien at 776-3700 ext. 2080 (shenika.sebastien@dol.vi.gov) on St. Thomas or Amelia Arnold-Christian at 773-1994 ext. 2140 (amelia.christian@dol.vi.gov) on St. Croix or visit www.vidol.gov/forms/

Deadline to Apply: May 24, 2019

**UNITED STATES VIRGIN ISLANDS
ELIGIBLE PROVIDER CERTIFICATION SYSTEM**

Summer Youth Workshop Application

TRAINING PROVIDER INFORMATION

Institution/Agency Name: _____

Mailing Address: _____

Contact Person/Title: _____

Telephone Number: _____

Facsimile Number: _____

E-mail: _____

Website: _____

Virgin Islands Tax Identification Number: _____

PROGRAM DESCRIPTION

1. Program Name _____

2. Training Location _____

3. Is this location compliant with the Americans with Disabilities Act?

Yes

No

*All applicants seeking eligibility for financial assistance under Title I of the Workforce Investment Act of 1998 **must** make assurances that they are able to provide programmatic and architectural accessibility to individuals with disabilities.*

3. Program Synopsis (50 Word limit)

- 5. Number of Participants _____
 - 6. Program Length _____
 - 7. Hours of Operation _____
 - 8. Occupational Area(s) _____
-

DEMONSTRATED PERFORMANCE

Indicate previous experience and/or performance with employment and training activities, public and/or private, for the past two (2) years.

Have you previously provided training services in the territory?

- Yes No

(If yes, please respond to the following questions)

Funding Source(s) or Sponsoring Agency: _____

Amount of Funds Received: \$ _____

Total Number Served: _____

Total Number who Successfully Completed Training: _____

Number Gained Basic Skills, Work Readiness Skills and/or Occupational Skills: _____

Number who continued on for Post-Secondary Education or Training, Joined the Military or Entered a Registered Apprenticeship: _____

Total Number who Received a Degree/Certificate: _____

Total Number Placed in Full-Time Training-Related Jobs: _____

COST INFORMATION

The total one-time grant award for this program is \$4,800.00. Briefly explain how this money will be used:

COST	ACTIVITY



ADDITIONAL INFORMATION

1. Please provide a copy of the organization's current Virgin Islands Business License, if applicable.
2. Letter of Good Standing from the Lieutenant Governor's Office dated within past twelve (12) months.
3. A schedule of daily activities for the program. Please give program start and end dates.

CERTIFICATION OF COMPLIANCE WITH THE SPECIFICATIONS

This is to certify that to the best of the undersigned knowledge and belief, the data in this application is responsive to the specifications and is true and correct. The undersigned understands that non-responsive applications, as determined by the VIDOL/WYC, may not be reviewed for consideration. Further, the submission of this application has been authorized by the governing body of applicant, and applicant shall comply with both the assurance as applicable and regulations attached to the application package.

Signature: _____

Typed Name: _____

Title: _____

Date: _____